MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-008540
STATE FILE NUMBER

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2169

FILED MAR 5 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	812	7E	
3			
4	0		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	61-0		
13			

61

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair
c. CITY OR TOWN: E. St. Louis, Ill.
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3315 Summit Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Timothy Middle: Last: O'Donnell
4. DATE OF DEATH: Month Day Year: Feb. 22, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 11-20-19
9. AGE (last birthday): 18 43
IF UNDER 1 YEAR Months / IF UNDER 24 HR Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Internal Revenue
11. BIRTHPLACE (City and state or country): E. St. Louis, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Timothy O'Donnell Sr.
13b. MOTHER'S MAIDEN NAME: Nano King
14. NAME OF HUSBAND OR WIFE: Helen Smith O'Donnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. #2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Helen O'Donnell Address: E. St. Louis, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bacterial Meningitis — INTERVAL BETWEEN ONSET AND DEATH: Approximately 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Agranulocytosis
DUE TO (c): Acute Leukemia 2043 — 8 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1961 to February 1962 and last saw her/him alive on February 22, 1962
Death occurred at 4:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): G.O. Brown Jr. M.D. — G.O. Brown Jr. M.D.
22b. ADDRESS: Firmin Desloge Hospital 1325 S. Grand Blvd. St. Louis 4, Mo.
22c. DATE SIGNED: 2/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 22, 1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
23d. LOCATION (City, town, or county) (State): Belleville, Ill.

24. FUNERAL DIRECTOR ADDRESS: Burke Funeral Home E. St. Louis, Ill.
25. DATE RECD. BY LOCAL REG.: FEB 23 1962
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

[redacted]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Chas Burke

Licensed Embalmer No. 2421

P. O. Address E. St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.